

Rhode Island Child Health Insurance Program

Federal Fiscal Year 1998 Annual Report

Submitted by:

Center for Child and Family Health

Department of Human Services

State of Rhode Island

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1. Overview

The State of Rhode Island initiated efforts to provide insurance coverage for uninsured, low-income children prior to enactment of the Balance Budget Act of 1997 (BBA). In July 1993, the State was granted a Section 1115 waiver by the Health Care Financing Administration (HCFA) to develop and implement a Statewide managed care research and demonstration project, RItE Care. RItE Care was designed to assure access to comprehensive health care for all Medicaid families, uninsured pregnant women and uninsured children up to the age of six up to 250 percent of the Federal poverty level (FPL).

RItE Care was implemented in August 1994, with the program being expanded twice to include uninsured children up to age 18. All eligible families are offered a choice of enrolling in one of four health maintenance organizations (HMOs or Health Plans). Once enrolled in RItE Care Health Plan, each family member has a "medical home"--his or her own physician whom each member has had the opportunity to choose.

Rhode Island chose to expand its Medicaid program through the Children's Health Insurance Program (CHIP). Rhode Island's initial CHIP Plan was submitted in December 1997 and approved in May 1998. This CHIP Plan called for Title XXI coverage for the State's latest RItE Care expansion group--children aged 8 to 18, up to 250 percent of the FPL. Such children were eligible under RItE Care as part of the Section 1115 waiver population as of May 1997. However, the manner in which the BBA was written permitted the State the option of covering this group under Title XXI.

In Rhode Island there is no separate CHIP Program. All CHIP and Medicaid eligible families apply and enroll in RItE Care. The Rhode Island Department of Human Services is committed to ensuring all children in the State of Rhode Island have access to quality health care and health care coverage. With this vision, the State has set forth a progressive plan to enroll remaining uninsured children in the State through both CHIP and the Section 1115 waiver program.

2. Major Accomplishments Over the Past Year

2.1 The Public Process

As a result of enactment of the BBA, the Rhode Island Department of Human Services (DHS), designated by Governor Almond as the Title XXI lead agency for the State, instituted a Title XXI Policy and Planning Committee. Committee participants, numbering more than

40 different individuals, included representatives from other State departments, community organizations, advocacy groups and other stakeholders. The Title XXI Policy and Planning Committee worked toward the following goals:

- Develop initiatives to extend coverage to uninsured populations
- Reduce the number of uninsured in the State of Rhode Island
- Facilitate access to coverage through outreach efforts

The Committee was co-chaired by the Administrator for the DHS Center for Child and Family Health (CCFH), the DHS unit administratively responsible for RItE Care, and the Chair of the RItE Care Consumer Advisory Council. The basic approach adopted in framing a plan was that there needed to be consensus among the stakeholders. The consensus that evolved, through a half dozen committee meetings, was to pursue a family coverage waiver under Title XXI. However, the consensus also was to submit a "placeholder" Plan while the public planning process was still underway. This placeholder Plan sought Title XXI coverage for uninsured children already covered by RItE Care under its Section 1115 waiver--the 8- to 18-year-olds referenced earlier. The consensus was to then submit an amended Plan seeking a family coverage waiver. With respect to family coverage, the consensus was to seek coverage for:

- Uninsured children up to age 19 up to 300 percent of FPL
- Uninsured older siblings of enrolled children up to age 23 up to 250 percent of the FPL
- Uninsured parents or caretaker relatives of enrolled children up to 250 percent of the FPL
- Uninsured parents or caretaker relatives of children in fee-for-service Medicaid up to 250 percent of the FPL
- Uninsured foster parents up to 250 percent of the FPL

The sentiment also was to pursue Title XIX coverage of the groups if Title XXI coverage was not forthcoming.

Consensus was also reached on the following initiatives (not necessarily Title XXI-specific):

- Lead Centers
- Dental access
- Children with special health care needs
- Insuring child care providers through "Starting Right"
- Home visiting services

Consensus was reached as well on the following:

- Making the RItE Care benefit package available to Title XXI-eligible enrollees
- Redefining the term "uninsured" to make it easier for children to qualify without crowding out private insurance coverage, on which staff at The Urban Institute provided valuable information

2.2 Actual Enrollment

By the end of September 1998, the State enrolled 4,245 uninsured children aged 8 to 18 up to 250 percent of the FPL. This represents 142 percent of the 3,000 children in the target group the State estimated to be enrolled during Federal Fiscal Year 1998.

2.3 Simplified Mail-in Application

RItE Care's new mail-in application was designed to be implemented at the beginning of Federal Fiscal Year 1999. This new application is to replace the previous longer application. The application process also eliminates two face-to-face interviews previously required, reduces the number of verification requirements from 11 to 3, and decreases the number of application pages from 30 to 6. The intent is to reduce the stigma associated with the Medicaid Program, increase access of uninsured children of working parents, and in general simplify the process for obtaining health insurance coverage for those who are eligible.

The mail-in application is currently in English and a Spanish version is imminent. The application is to be used for new enrollees, as well as re-certifications. (A new re-certification form will be developed in the future).

Mail-in applications will be able to be obtained by calling the State's Info Line, or local DHS field offices, or at several community agencies. The Department's goal is to ensure a 10-day turnaround for applications. CCFH staff will be working closely with field office staff to monitor the process when implemented, and streamline it as needed to reduce barriers to access.

The State is planning a 12-month continuous eligibility policy as allowed under the new BBA.

2.4 Outreach Program

A \$1.8 million investment in outreach is being planned by the State to reach the remaining uninsured children who are eligible but not yet enrolled.

Although the State surpassed its target of 3,000 for CHIP enrollment in 1998 by enrolling 4,200, there are still an additional 4,000 or more children who are eligible but not enrolled. To reach these uninsured children, the State is becoming more aggressive in its outreach strategies to include:

- Implementing, as noted above, a simplified, mail-in eligibility and enrollment process to separate, as much as possible, from the historic, welfare-based eligibility process
- Contracting with community agencies to either fund 80 percent of the cost of up to two outreach workers per agency, or paying an incentive to agencies per successfully enrolled child
- Contracting through the Rhode Island Health Center Association for Family Resource Counselors to help enroll eligible children
- Training community agency personnel and Family Resource Counselors
- Coordinating more closely with the Narragansett Indian Tribe

The Department intends to:

- Track effective strategies for enrollment of eligible populations
- Track the number of enrollments per worker/community/agency/town
- Determine how clients are learning about RIte Care
- Track the mail-in applications received, approved, and denied

2.5 Consultation with the Narragansett Indian Tribe

DHS has initiated contact with the Narragansett Indian Tribe to begin identifying health and reimbursement concerns of the Tribe. The State and the Narragansett Tribe have agreed to consult at State meetings and regional meetings. DHS invited Tribe members to participate on the Title XXI Policy and Planning Committee. A member of the Narragansett Indian Tribe was also invited to participate on the RIte Care Consumer Advisory Council.

3. Progress Toward Meeting Strategic Objectives and Performance Goals

The State's progress in meeting the strategic goals detailed in its Child Health Insurance Program Plan is as follows:

- **Increase outreach efforts**--The State, as noted above, enrolled 4,245 children aged 8 to 18 in RItE Care Health Plans during FY 98 who would not have been eligible under traditional Medical Assistance rules. Although this surpassed the State's target, the State estimates that thousands of additional children are eligible but still not enrolled. The State, therefore as noted, has revamped its outreach strategies.
- **Increase access to care**--Each Title XXI-eligible child is enrolled in a RItE Care Health Plan and now has a usual source of medical care.
- **Improve continuity and quality of care**--It is too early in the program to determine the effects of the CHIP program on continuity and quality of care. The State has conducted studies which demonstrate that children enrolled in RItE Care have excellent quality access and continuity. Immunization rates are 75 percent compared to 77 percent nationally for all children. Lead Screening rates are 79 percent compared to 15 percent for Medicaid children nationally. Access to privacy and specialty care for infants has improved significantly.
- **Contain medical costs**--It is too early in the program to determine the effects of the CHIP program on medical costs

4. Planned Activities for New Year

The State is planning the following activities for Federal Fiscal Year 1999:

- Submit an amended Plan to expand coverage for uninsured children aged 0 to 19 up to 300 percent of the FPL
- Submit an amended Plan seeking a family coverage waiver, or expand family coverage under Medicaid's 1931 provision
- Implement the revamped outreach strategy including the simplified application and application process
- Submit an amended CHIP plan to improve dental coverage for all Medicaid and CHIP eligible children
- Investigate an employer-based insurance subsidy program
- Continue consultation with the Narragansett Indian Tribe
- Implement expanded coverage when approved by HCFA

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